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## BIB DATA SHEET

CONFIRMATION NO. 8433

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/821,407	04/08/2004	600	3737	21763.NP	
<b>RULE</b>					
<b>APPLICANTS</b> Steven A. Johnson, Salt Lake City, UT; Michael Berggren, Salt Lake City, UT; David T. Borup, Salt Lake City, UT; Barry K. Hanover, Salt Lake City, UT; Rita Hanover, Salt Lake City, UT; Martin Kammeyer, Sandy, UT; Scott Olsen, Salt Lake City, UT; Jeffrey Patte, Salt Lake City, UT; Frank L. Setinsek, Fruit Heights, UT; Kortlan D. Stewart, Salt Lake City, UT; James Wiskin, Salt Lake City, UT;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/461,871 04/09/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/25/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CRYSTAL LEACH/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 84	<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> THORPE NORTH & WESTERN, LLP. P.O. Box 1219 SANDY, UT 84091-1219 UNITED STATES					
<b>TITLE</b> Breast scanning system					
<b>FILING FEE RECEIVED</b> 1370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		